



HARFORD COUNTY HEALTH DEPARTMENT

120 S. Hays Street

P.O. Box 797

Bel Air, Maryland 21014-0797

FOR ISSUING OFFICE ONLY

☐ Photo ID ☐ Mailed

**CERTIFICATES ARE ISSUED BETWEEN THE HOURS OF 8 A.M. AND 12 P.M.
MONDAY THROUGH FRIDAY**

**APPLICATION FOR COPY OF ABSTRACT OF BIRTH CERTIFICATE
WE DO NOT ACCEPT MAIL-IN APPLICATIONS**

**Certified Birth Certificate Fee
(non-refundable)**

\$30.00 Cash or Credit Card

Military Service – No Charge with DD214 or Military ID

PLEASE PRINT

Request Date mo.____/date____/year____

Full Name at Birth _____

First

Middle

Last

Date of Birth: mo.____ date____ year____ Sex _____

Age at Last Birthday _____ Certificate number (if known) _____

Place of Birth: **STATE OF MARYLAND ONLY** City _____ County _____

Full Name of Father _____

Full **Maiden** Name of Mother _____

Your Relationship to Person on the Certificate _____

(i.e., self, parent or legal guardian)

Photo ID Required: The individual requesting the record should submit a legible copy of his/her **VALID** GOVERNMENT-ISSUED PHOTO ID with completed application. (Examples: state issued driver's license or non-driver photo ID with requestor's current address; passport.) If you do not have a government –issued photo ID, read and sign the following statement: I declare that I do not have a government-issued photo ID and that I am presenting the attached two documents that include my name and current address as proof of identification. (Note: These documents must include two of the following: Utility bill, car registration from, pay stub, bank statement, copy of income tax return/W-2 form, letter from government agency requesting a vital record, or lease/rental agreement. Please submit photocopies since these documents will not be returned to you. If you do not have a government-issued photo ID, the certificate(s) will be mailed to the address listed on the documents that you present.)

SIGNATURE: _____

IMPORTANT:

PLEASE INDICATE IN THE BOX BELOW NUMBER OF CERTIFIED COPIES REQUESTED.

[]

Applicant's Name (Print) _____

Applicant's Signature _____

Mailing Address _____

City and State _____

Zip Code _____ **Telephone No.** _____

Any person who willfully uses or attempts to use the requested certificate(s) for fraudulent or deceptive purposes is guilty of a misdemeanor and, on conviction is subject to a fine not exceeding \$500.00 in accordance with Maryland Health General Article, Annotated Code, Section 4-221.

www.harfordcountyhealth.com